

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212538086			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: BAYLOR UNIVERSITY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: TX</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2012</p> <p>SCC ID NO: F1837303</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: ONE BEAR PLACE #97096</p> <p style="margin-left: 40px;">CITY/ST/ZIP: WACO, TX 76798-7096</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: KEN STARR TITLE: PRESIDENT ADDRESS: ONE BEAR PLACE #97096 CITY/ST/ZIP/CO: WACO, TX 76798-7096 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KEN STARR TITLE: PRESIDENT ADDRESS: ONE BEAR PLACE #97096 CITY/ST/ZIP/CO: WACO, TX 76798-7096	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEN STARR TITLE: PRESIDENT ADDRESS: ONE BEAR PLACE #97096 CITY/ST/ZIP/CO: WACO, TX 76798-7096	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: BOB C SPENCE TITLE: ASSOC VP, TREAS ADDRESS: ONE BEAR PLACE, #97045 CITY/ST/ZIP/CO: WACO, TX 76798-7043 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BOB C SPENCE TITLE: ASSOC VP, TREAS ADDRESS: ONE BEAR PLACE, #97045 CITY/ST/ZIP/CO: WACO, TX 76798-7043	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BOB C SPENCE TITLE: ASSOC VP, TREAS ADDRESS: ONE BEAR PLACE, #97045 CITY/ST/ZIP/CO: WACO, TX 76798-7043	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MARSHA J DUCKWORTH TITLE: ASST SECRETARY ADDRESS: ONE BEAR PLACE, #97034 CITY/ST/ZIP/CO: WACO, TX 76798-7034 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARSHA J DUCKWORTH TITLE: ASST SECRETARY ADDRESS: ONE BEAR PLACE, #97034 CITY/ST/ZIP/CO: WACO, TX 76798-7034	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Charles D Beckenhauer TITLE: GC & Corp. Sec ADDRESS: ONE BEAR PLACE, #97034 CITY/ST/ZIP/CO: Waco, TX 76798 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Charles D Beckenhauer TITLE: GC & Corp. Sec ADDRESS: ONE BEAR PLACE, #97034 CITY/ST/ZIP/CO: Waco, TX 76798	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Charles D Beckenhauer TITLE: GC & Corp. Sec ADDRESS: ONE BEAR PLACE, #97034 CITY/ST/ZIP/CO: Waco, TX 76798	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Elizabeth Davis TITLE: Exec/VP/Provost ADDRESS: One Bear Place #97014 CITY/ST/ZIP/CO: Waco, TX 76798 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Elizabeth Davis TITLE: Exec/VP/Provost ADDRESS: One Bear Place #97014 CITY/ST/ZIP/CO: Waco, TX 76798	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Elizabeth Davis TITLE: Exec/VP/Provost ADDRESS: One Bear Place #97014 CITY/ST/ZIP/CO: Waco, TX 76798	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: John M Barry TITLE: VICE PRESIDENT ADDRESS: One Bear Place #97022 CITY/ST/ZIP/CO: Waco, TX 76798 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: John M Barry TITLE: VICE PRESIDENT ADDRESS: One Bear Place #97022 CITY/ST/ZIP/CO: Waco, TX 76798	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: John M Barry TITLE: VICE PRESIDENT ADDRESS: One Bear Place #97022 CITY/ST/ZIP/CO: Waco, TX 76798	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			

NAME:	Tommye Lou Davis	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	One Bear Place #97340		
CITY/ST/ZIP/CO:	Waco, TX 76798		
NAME:	Kevin P Jackson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	One Bear Place #97016		
CITY/ST/ZIP/CO:	Waco, TX 76798		
NAME:	Karla K Leeper	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Chief of Staff		
ADDRESS:	One Bear Place #97096		
CITY/ST/ZIP/CO:	Waco, TX 76798		
NAME:	Pattie Orr	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	One Bear Place #97086		
CITY/ST/ZIP/CO:	Waco, TX 76798		
NAME:	Reagan M Ramsower	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Senior VP		
ADDRESS:	One Bear Place #97006		
CITY/ST/ZIP/CO:	Waco, TX 76798		
NAME:	Juan Alejandro Jr.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Dir. Int/Audit		
ADDRESS:	One Bear Place #97011		
CITY/ST/ZIP/CO:	Waco, TX 76798		
NAME:	Ian McCaw	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Dir./Athletics		
ADDRESS:	One Bear Place #97108		
CITY/ST/ZIP/CO:	Waco, TX 76798		
NAME:	Joel T Allison	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3500 Gaston Ave.		
CITY/ST/ZIP/CO:	Wadley #170 Dallas, TX 75246		
NAME:	Miles Jay Allison	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5300 Town & Country Blvd.		
CITY/ST/ZIP/CO:	Suite 500 Frisco, TX 75034		
NAME:	Robert E Beauchamp	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2101 Citywest Boulevard		
CITY/ST/ZIP/CO:	Houston, TX 77042		
NAME:	Albert C Black Jr.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7441 Marvin D. Love Fwy.		
CITY/ST/ZIP/CO:	Suite 208 Dallas , TX 75237		

NAME:	Linda Brian	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11 Didrickson		
CITY/ST/ZIP/CO:	Amarillo, TX 79124		
NAME:	Duane Brooks	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	555 Tallowood Road		
CITY/ST/ZIP/CO:	Houston, TX 77024		
NAME:	Kenneth Q Carlile	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. Box 2069		
CITY/ST/ZIP/CO:	Marshall, TX 75671		
NAME:	Jerry K Clements	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 Congress Avenue Suite 300		
CITY/ST/ZIP/CO:	Austin, TX 78701		
NAME:	Gary D Elliston	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 Main Street Suite 3500		
CITY/ST/ZIP/CO:	Dallas , TX 75202		
NAME:	Jennifer Walker Elrod	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	515 Rusk Avenue Suite 12014		
CITY/ST/ZIP/CO:	Houston, TX 77002		
NAME:	James Cary Gray	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 Post Oak Blvd. Suite 2000		
CITY/ST/ZIP/CO:	Dallas, TX 75201		
NAME:	Kenneth L Hall	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 N. Pearl Street Suite 2000		
CITY/ST/ZIP/CO:	Dallas, TX 75201		
NAME:	David H Harper	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2323 Victory Avenue Suite 700		
CITY/ST/ZIP/CO:	Dallas, TX 75219		
NAME:	Milton Hixson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6034 West Courtyard Drive Suite 380		
CITY/ST/ZIP/CO:	Austin, TX 78730		

NAME:	Neal T Jones	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	823 Congress Avenue Suite 900		
CITY/ST/ZIP/CO:	Austin, TX 78701		
NAME:	Mark A McCollum	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3000 N. Sam Houston Pkwy E		
CITY/ST/ZIP/CO:	Houston, TX 77032		
NAME:	Ronald D Murff	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 Abbey Woods Lane		
CITY/ST/ZIP/CO:	Dallas, TX 75248		
NAME:	Ramiro A Pena	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4777 Lake Shore Drive		
CITY/ST/ZIP/CO:	Waco, TX 76710		
NAME:	Jeff D. Reeter	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 Riverway, Suite 900		
CITY/ST/ZIP/CO:	Houston, TX 77056		
NAME:	William K Robbins Jr.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	One Greenway Plaza Suite 900		
CITY/ST/ZIP/CO:	Houston, TX 77046		
NAME:	C. Clifton Robinson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. Box 2028		
CITY/ST/ZIP/CO:	Waco, TX 76703		
NAME:	Philip W Stewart	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3306 Roselawn Road		
CITY/ST/ZIP/CO:	San Antonio, TX 78226		
NAME:	R. Dary Stone	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5215 N. O Suite 350		
CITY/ST/ZIP/CO:	Irving, TX 75039		
NAME:	Richard S Willis	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2301 Carlisle Avenue		
CITY/ST/ZIP/CO:	Colleyville, TX 76034		
NAME:	Ronald L Wilson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2329 North 39th Street		
CITY/ST/ZIP/CO:	Waco, TX 76708		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ MARSHA J DUCKWORTH</u>	<u>MARSHA J DUCKWORTH, ASST</u>	<u>10/2/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.